

Wojtek J. Chodzko-Zajko, Ph.D., FACSM

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**AAP Partnership Organizations** AARP

ACSM

American College of Sports Medicine

AGS

American Geriatrics Society

Centers for Disease Control and Prevention

The National Council on the Aging

March 10, 2005

The Honorable Dorcas R. Hardy Chairman, Policy Committee White House Conference on Aging 4350 East-West Highway Bethesda, MD 20814

Dear Ms. Hardy:

I am writing on behalf of the National Blueprint partnership to request consideration by the WHCOA Policy Committee for the enclosed resolutions regarding physical activity and older adults.

The National Blueprint partnership is a coalition of more than 50 national organizations and groups dedicated to promoting physical activity for improved health in the 50+ population. Blueprint partners have identified 18 high priority strategies that address barriers to physical activity in the areas of home/community, medical systems, marketing, public policy, and research. The lead organizations for each of the strategies have made significant progress in networking with other organizations to produce toolkits, launch on-line clearinghouses, sponsor educational meetings, support local programs, and other efforts that impact physical activity levels. During the last Blueprint conference, partners discussed goals to assist local communities with physical activity programs, build commitment within the aging network, and influence public policy.

Since its inception in 2001, the National Blueprint initiative has made a tremendous impact at local and national levels. The National Blueprint was recognized during the Healthier U.S. Summit as a partner in the new Administration on Aging You Can! Steps to Healthy Aging Program.

The enclosed resolutions support the continuing work of the National Blueprint partner organizations in impacting physical activity levels for improved health among midlife and older adults. The statistical statements that accompany the resolutions highlight the damaging effects of physical inactivity on the health and well-being of individuals and on the direct and indirect costs to the U.S. health care system.

3-2005-433

I would be pleased to discuss the resolutions and answer any questions you might have regarding the National Blueprint initiative.

Sincerely,

Wojtek Chodzko-Zajko, Ph.D. PI, National Blueprint

CC. Moya Thompson





## National Blueprint Resolutions Physical Activity

- 1. WHEREAS physical activity can extend years of active independent life, reduce disability, and improve quality of life.
- 2. WHEREAS there has been little success in motivating older Americans to adopt physically active lifestyles.
- 3. WHEREAS one-third of Americans over age 50 engage in no physical activity at all.
- WHEREAS almost 90 percent of adults over age 65 have at least one chronic health condition and 21 percent have chronic disabilities.
- WHEREAS seven out of 10 deaths in the U.S. in 1996 were due to cardiovascular disease, cancer, chronic obstructive
  pulmonary disease, and diabetes—the top four chronic conditions that are related to poor diet and physical inactivity.
- WHEREAS approximately 15 percent of the 1.6 million chronic health conditions resulting in death that year were due to sedentary lifestyle alone.
- 7. WHEREAS regular physical activity reduces the risk of chronic diseases and also delays chronic conditions in old age.
- WHEREAS sedentary lifestyles and associated health problems cause a substantial economic burden on the U.S. economy.
- WHEREAS the direct and indirect costs of treating chronic health conditions caused by sedentary living were estimated to exceed \$150 billion per year.

## THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

- Strongly encourage and provide support for Older Americans Act programs to include proven, effective physical
  activity programming. Utilize the Administration on Aging's evidence-based prevention initiative and the You Can!
  Campaign to mobilize and support local organizations that provide physical activity programs.
- 2. Increase support for local coalitions that can advocate for physical activity at the community level.
- Provide a mechanism to identify and support exemplary physical activity programming in the community and
  provide incentives for communities to increase physical activity levels among the older adult population.
- Develop mechanisms to exchange information about model physical activity programs and effective practices throughout the aging network.
- 5. Include physical activity counseling and referral in the Welcome to Medicare visit.
- Increase the accountability of health care programs in providing behavioral counseling on physical activity and preventive health.
- Establish a coalition of professional organizations to develop a strategy to improve physical activity education throughout the health professions.
- Provide a mechanism to disseminate physical activity guidelines and best practices to the medical community.
- 9. Develop resources for clinicians to use in making personalized physical activity prescriptions for their patients.
- Establish centers of excellence in physical activity and preventive health to develop needed demonstration projects, to support translational research, and to learn effective ways to motivate diverse older adults to begin and maintain active lifestyles.
- Develop a broad-based communications framework for disseminating targeted and consistent messages on physical activity and health.





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